Name	
Prison Number	
Place of Confinement	
Address	
Telephone	
IN THE LIMITED O	STATES DISTRICT COURT
	ISTRICT OF ALASKA
Plaintiff/Petitione	r, CASE NO
VS,	MOTION FOR APPOINTMENT OF COUNSEL (Prisoner)
Defendant/Resp	ondent.
Ι	move this Court for
appointment of counsel. I make th	is request for the reason that I am financially
unable to retain an attorney, as sup	ported by the Financial Affidavit in Support of
Request for Attorney attached to this	s motion.
I need a lawyer because	
_	

PS08 (Counsel Prisoner) 06/09

I have taken the fo	llowing steps to find a lawyer of	on my own, with the following
results:		
<u>D</u> (eclaration Under Penalty of Po	<u>erjury</u>
1		doctors under penalty of
',		, declare under penalty of
perjury, that I have revie	wed the above motion, and th	at the information contained
in this motion is true and	correct.	
DATED:	, at	, Alaska.
		Signature
	Certificate of Service	
I certify that, on		a copy of this motion
	ate of mailing or handing to Correction	
was served, by first clas	ss U.S. mail, on	
•		sing Party or Counsel)
at		
	(Address)	
		Signature

06/09